

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
TRADE PRACTICES DIVISION, PRODUCT SAFETY UNIT
 Telephone: (860) 713-6115
 WebSite: www.state.ct.us/dcp/



For Official Use Only

LICENSE APPLICATION FOR BEDDING & UPHOLSTERED FURNITURE

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. **This application must be accompanied by a check or money order made payable to: "Treasurer, State of Connecticut"**

→Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

I hereby apply for a license as a:

<input type="checkbox"/> Manufacturer of Bedding or Upholstered Furniture or both \$50.00	<input type="checkbox"/> Supply Dealer - Filling Materials Only \$50.00	<input type="checkbox"/> Renovator of Bedding or Upholstered Furniture or both \$25.00	<input type="checkbox"/> Second Hand Furniture or Bedding Dealer \$25.00
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License to be issued in the name of:

Desired Effective Date:

Street Address (Principal Place of Business)

City

State and/or Country

Zip Code

Telephone Number (w/area code)

Federal ID Number

Email Address

Mailing Address (If different than above)

Street Address

City

State and/or Country

Zip Code

Applicant Legal Standing:

☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Limited Partnership ☐ Association

Name of Parent Company (Corporation, Partnership, LLC, etc.)

Name of Principal Officer in Charge

PRODUCTS OR PROCESSES

Principal filling material being used or handled

Have you ever been licensed in the State of Connecticut? ☐ **Yes** ☐ **No**

If yes, complete the boxes below.

Previous License Number

Year Issued

This firm has been issued the following **UNIFORM REGISTRY NUMBER** from another state, and request that this number be assigned in Connecticut:

IF FEATHER AND DOWN OR OTHER ANIMAL ORIGIN MATERIALS ARE USED:

Location of Sterilization Plant

Sterilization Permit Number

***Please Note:** A Sterilization Permit is required for a Second Hand Dealer, Renovator and in some instances, a Manufacturer license. Please contact the Product Safety Unit at (860) 713-6115 or trade.practices@po.state.ct.us for assistance

I agree to forward, in duplicate, a specimen of the tag to be attached to articles on bedding, upholstered furniture or filling materials. Approval must be obtained before an article can be manufactured, sold, or offered for sale in the State of Connecticut. If I am requesting an Uniform Registry Number, I agree to forward a copy of the license from the issuing state. I hereby certify the forgoing is true to the best of my knowledge and belief.

Applicant

Title

Date

FOR OFFICIAL USE ONLY

Registry Number Issued

☐ **Approved**
☐ **Disapproved**

Disapproval Reason

☐ **New Application**
☐ **Renewal Application**
☐ **Updated Application**

Expiration Date:
April 30, 20